



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
**Delivery Order**

Order Date: 07-27-2022

CORRECT ORDER NUMBER MUST APPEAR  
 ON ALL PACKAGES, INVOICES, AND  
 SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

|                              |                                    |                                 |  |
|------------------------------|------------------------------------|---------------------------------|--|
| <b>Order Number:</b>         | CDO 0506 2934 MCH2000000003 8      | <b>Procurement Folder:</b>      | 665955   |
| <b>Document Name:</b>        | Change Order 2                     | <b>Reason for Modification:</b> | CO 2 - To cancel remaining balance per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO. |
| <b>Document Description:</b> | Cancellation of remaining balance. |                                 |  |
| <b>Procurement Type:</b>     | Central Delivery Order             |                                 |  |
| <b>Buyer Name:</b>           | Mark A Atkins                      |                                 |  |
| <b>Telephone:</b>            | (304) 558-2307                     |                                 |  |
| <b>Email:</b>                | mark.a.atkins@wv.gov               |                                 |  |
| <b>Shipping Method:</b>      | Best Way                           | <b>Master Agreement Number:</b> | CMA 0212 TEMP16A 8   |
| <b>Free on Board:</b>        | FOB Dest, Freight Prepaid          |                                 |  |

| VENDOR   |                         |                            |                      | DEPARTMENT CONTACT   |                         |
|--|-------------------------|----------------------------|----------------------|--|-------------------------|
| <b>Vendor Customer Code:</b>                               | 00000204796             |                            |                      | <b>Requestor Name:</b>   | Forrest D Daniel        |
| WEST VIRGINIA ASSOCIATION OF REHABILITATION FACILITIES INC |                         |                            |                      | <b>Requestor Phone:</b>  | (304) 356-4057          |
| 710 CENTRAL AVE  |                         |                            |                      | <b>Requestor Email:</b>  | forrest.d.daniel@wv.gov |
| CHARLESTON   | WV                      | 25302-1702                 |                      | <div style="font-size: 48pt; font-weight: bold;">23</div> <b>FILE LOCATION</b> _____ |                         |
| US   |                         |                            |                      |  |                         |
| <b>Vendor Contact Phone:</b>                               | 304-205-7970            | <b>Extension:</b>          |                      |  |                         |
| <b>Discount Details:</b>                                   |                         |                            |                      |  |                         |
|  | <b>Discount Allowed</b> | <b>Discount Percentage</b> | <b>Discount Days</b> |  |                         |
| #1   | No                      | 0.0000                     | 0                    |  |                         |
| #2   | No                      |                            |                      |  |                         |
| #3   | No                      |                            |                      |  |                         |
| #4   | No                      |                            |                      |  |                         |

| INVOICE TO  | SHIP TO   |
|---|---|
| PURCHASING DIRECTOR 304-356-4116<br>HEALTH AND HUMAN RESOURCES<br>BPH - MATERNAL & CHILD HEALTH<br>350 CAPITOL ST, RM 427<br>CHARLESTON WV 25301-3714<br>US | PURCHASING DIRECTOR 304-356-4116<br>HEALTH AND HUMAN RESOURCES<br>BPH/MCH - MATERNAL CHILD HEALTH<br>350 CAPITOL ST, RM 427<br>CHARLESTON WV 25301-3714<br>US |

|                            |             |
|----------------------------|-------------|
| <b>Total Order Amount:</b> | \$26,546.07 |
|----------------------------|-------------|

Purchasing Division's File Copy

ENTERED

MA 07/28/2022  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: 7/27/22  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: 8/11/2022  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order 02

Change Order No. 02 is issued to reduce the hours on delivery order from 1981 to 1574.5 (actual used hours) per attached document:

Original Contract Total: \$33,399.66

Change Order 02 Decrease: (\$ 6,853.59)

New Contract Total: \$26,546.07

| Line         | Commodity Code | Quantity     | Unit     | Unit Price    | Total Price |
|--------------|----------------|--------------|----------|---------------|-------------|
| 1            | 80111613       | 1574.50000   | HOUR     | \$16.8600     | \$26,546.07 |
| Service From | Service To     | Manufacturer | Model No | Delivery Date |             |
| 2020-01-01   | 2020-12-31     |              |          |               |             |

Commodity Line Description: Executive Secretary

**Extended Description:**

CO 2 - To cancel remaining quantity balance to bring the dollar amount to zero per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO.

Executive Secretary for MCH (HealthCheck Program) TEMP

Location - Mildred Mitchell - Bateman Hospital / Cabell County

Effective date of

01/01/2020 - 12/31/2020

| Line         | Commodity Code | Quantity     | Unit     | Unit Price    | Total Price |
|--------------|----------------|--------------|----------|---------------|-------------|
| 2            | 80111613       | 0.00000      | HOUR     | \$16.8600     | \$0.00      |
| Service From | Service To     | Manufacturer | Model No | Delivery Date |             |
| 2020-07-01   | 2020-12-31     |              |          |               |             |

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CO 2 - To cancel remaining quantity balance to bring the dollar amount to zero per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO.

Executive Secretary for MCH (HealthCheck Program) TEMP

Location - Mildred Mitchell - Bateman Hospital / Cabell County

Effective date of

01/01/2020 - 12/31/2020

Adding 157 hrs. to cover unexpected time sensitive project



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Public Health  
Commissioner's Office

Bill J. Crouch  
Cabinet Secretary

June 22, 2022

West Virginia Association of Rehabilitation Facilities Inc.  
710 Central Ave  
Charleston, WV 25302

Re: Cancellation of Balance  
PO#: CDO MCH2000000003

Dear Vendor:

The above referenced Purchase Order in the amount of \$33,399.66 was issued on January 9, 2020. We are requesting your approval to cancel the remaining balance of \$6,853.59 that still exists on purchase order# CDO MCH2000000003.

Your signature on the line below will acknowledge that you concur with this action and there are no outstanding invoices against this purchase order. Please mail this letter back to my attention at 350 Capitol Street Room 206, Charleston, WV 25301, or email to me at [Forrest.D.Daniel@WV.Gov](mailto:Forrest.D.Daniel@WV.Gov). Failure to receive written exception to this cancellation by July 22, 2022, will also constitute your concurrence with our cancellation plan.

This cancellation does not impact current or future contracts which you may have with this office. It pertains to this specific contract only.

If you have questions or need additional information, please email me at [Forrest.D.Daniel@WV.Gov](mailto:Forrest.D.Daniel@WV.Gov).

Sincerely,

Forrest Daniel  
Bureau for Public Health

7/1/2022

DocuSigned by:  
*Tara Martinez*  
38DD98D0CE6B4EF

Signature

Date

Ok.

*Althea Greenhour*